

NOTICE OF LOSS OR DAMAGE

INSTRUCTIONS TO MEMBER: You have up to 70 days to inspect your property and note all loss or damage. Should you find any loss or damage not reported on DD Form 1840 at the time of delivery, complete Section A below. Use only ball-point pen or typewriter. **THE COMPLETED FORM MUST BE DELIVERED TO YOUR LOCAL CLAIMS OFFICE NOT LATER THAN 70 DAYS FROM DATE OF DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF THE AMOUNT PAYABLE ON YOUR CLAIM.** Keep a copy of this form for your records, receipted and dated by the claims office. If more than one page is needed, please number the pages.

SECTION A - (To be completed by member)

1. STATEMENT OF PROPERTY LOSS OR DAMAGE: You are hereby notified of the loss or damage in the following shipment of personal property.

a. Name of Member (Last, First, Middle Initial)	b. PPGBL/Order Number	c. Date of Delivery
[REDACTED]	[REDACTED]	2 apr 13
d. Origin of Shipment (City and State/Country)	e. Destination of Shipment (City and State/Country)	
Heidelberg, Germany	Frankfurt, Germany	

f. You are further notified that property owner intends to present a claim for this loss and/or damage. You are hereby extended an opportunity to inspect the property.

2. LIST OF PROPERTY LOSS / DAMAGE (NOTE: Tracer action is requested for items listed as missing)

a. Inv. No.	b. Name of Item	c. General Description of Loss or Damage (If missing, so indicate)
026	Glass Trees (4)	Broken LEAVES and fruit from multiple trees
022	Schrank	Right hand side wood chipped front & back
023	Ceramic Flower Pot (1)	Top rim of flower pot chipped
045	Chin. Bowls (2)	(12 EA) 2 ea chipped Villeroy & Boch White Chin bowls chipped top rim
055	TV STAND	Wood chipped right side bottom shelf
072	TABLE	Top & Legs are scratched
076	Glass TABLE	Glass is chipped on the left side corner
059	Small Black Table	Missing rubbers (2 ea) for two legs
084	Glasses Box of 6 ea	One glass is broken
067	Food dehydrator	Top plastic cover cracked
095	Umbrella small	Bottom plastic piece is broken
097	Rose Glass	Stem is broken in two.
101	Coffee Table	Glass top is chipped on the left side
107	Floppy disk case 3.5	Plastic top cover broken.

SECTION B - (To be completed by claims office)

(NOTE: Mail original to home office of carrier/contractor listed in item 9 on DD Form 1840)

3. TO (Home Office of Carrier/Contractor)

a. Name and Address (Street Address, City, State, and ZIP Code)	b. Date of Dispatch
Kratert's 69126 HD, Hartsche Kstr. 7-9	14 June 13

4. YOUR REPRESENTATIVE MAY CONTACT THIS CLAIMS OFFICE FOR ASSISTANCE

a. Name and Address of Claims Officer	b. Signature	c. Date Signed	d. Telephone Number
DEPARTMENT OF THE ARMY HQ. V CORPS OSJA ATTN CLAIMS UNIT 29355 BOX 32 HAFR-AL-09805	[Signature]	14 June 13	0611-705-4767